

Date: 6/24/10 Time: 0600 Staff: F. ESCOBAR PA  
 Body Position: Lying Restraints (circulation): Good  
 Vital Signs: BP: \_\_\_\_\_ Pulse: 75 Resp: 16 Temp: Afebrile  
 Injuries Update: None noted  
 Inmate Use of Toilet: Available  
 Inmate Consumption of Food or Liquid: YES  
 Overall Assessment of Inmate Health: Good  
 Comments: Inmate talkative, alert & oriented

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Body Position: \_\_\_\_\_ Restraints (circulation): \_\_\_\_\_  
 Vital Signs: BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_  
 Injuries Update: \_\_\_\_\_  
 Inmate Use of Toilet: \_\_\_\_\_  
 Inmate Consumption of Food or Liquid: \_\_\_\_\_  
 Overall Assessment of Inmate Health: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Body Position: \_\_\_\_\_ Restraints (circulation): \_\_\_\_\_  
 Vital Signs: BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_  
 Injuries Update: \_\_\_\_\_  
 Inmate Use of Toilet: \_\_\_\_\_  
 Inmate Consumption of Food or Liquid: \_\_\_\_\_  
 Overall Assessment of Inmate Health: \_\_\_\_\_  
 Comments: \_\_\_\_\_

(This form may be replicated in via WF)

## **Attachment I**

# **Bureau of Prisons Health Services Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

## **SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Fasciana, Francis MLP

**Chief Complaint:** No Complaint(s)

**Subjective:** - Inmate in 4-point restraints.  
- Voices no complaints at this time.  
- Refers being in restraints " because I don't want to take on a cellmate."  
- Refers has been drinking water and eating daily.

**Pain Location:**

**Pain Scale:**

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

## **OBJECTIVE:**

### **Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/24/2010	09:01 LEW	75	Radial		Fasciana, Francis MLP

### **Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/24/2010	09:01 LEW	16	Fasciana, Francis MLP

### **Exam:**

#### **General**

#### **Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

#### **Affect**

Pleasant (yes), Cooperative (yes)

#### **Peripheral Vascular**

#### **Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

#### **Legs**

Capillary Refill Normal (yes)

## **ASSESSMENT:**

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
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Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Description	ICD9	Status	Status Date	Progress	Type
Other medical exam for administrative purposes	V70.3	Current	06/22/2010	Not Improved/Same	Temporary/Acute

**PLAN:****Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

Date Initiated	Format	Handout/Topic	Provider	Outcome
06/24/2010	Counseling	Access to Care	Fasciana, Francis	Verbalizes Understanding
06/24/2010	Counseling	Preventive Health	Fasciana, Francis	Verbalizes Understanding

Inmate encouraged to continue eating/drinking water daily. Encouraged to adhere to custody procedures.

**Copay Required:**No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Fasciana, Francis MLP on 06/24/2010 09:05

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg.#:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/24/2010 06:00	Provider:	Fasciana, Francis MLP
		Race:	BLACK
		Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/24/2010 00:01		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Prince, B. EMT-P

**Chief Complaint:** No Complaint(s)

**Subjective:** IM in 4-point restraints. Offers no medical complaint.

**Pain Location:**

**Pain Scale:**

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/24/2010	00:01 LEW	87	Via Machine	Regular	Prince, B. EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/24/2010	00:01 LEW	16	Prince, B. EMT-P

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/24/2010	00:01 LEW	122/68	Left Arm	Lying	Adult-large	Prince, B. EMT-P

**SaO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/24/2010	00:01 LEW	98	Room Air	Prince, B. EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears in Distress (no)

**Affect**

Pleasant (yes), Cooperative (yes)

**Pulmonary**

**Observation/Inspection**

Normal (yes)

**Cardiovascular**

Inmate Name: HILL, DAVID	Sex: M	Reg.#: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/24/2010 00:01		Facility: LEW

**Exam:****Observation**

Normal Rate (yes), Regular Rhythm (yes).

**Peripheral Vascular****Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

**Legs**

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:****Other:**

Restraint checks. IM drank 360ml of water.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/24/2010	Counseling	Access to Care	Prince, B.	Verbalizes Understanding

**Copay Required:**No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Prince, B. EMT-P on 06/24/2010 00:23

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.



**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/24/2010 00:01	Provider:	Prince, B. EMT-P
		Race:	BLACK
		Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:30.**



# **Bureau of Prisons Health Services Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 18:20		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

## **SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Prince, B. EMT-P

**Chief Complaint:** Breathing Problems

**Subjective:** IM in 4-point restraints. States he is having an asthma attack.

**Pain Location:**

**Pain Scale:**

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

## **OBJECTIVE:**

### **Pulse:**

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/23/2010	18:20 LEW	88	Radial	Regular	Prince, B. EMT-P

### **Respirations:**

Date	Time	Rate Per Minute	Provider
06/23/2010	18:20 LEW	16	Prince, B. EMT-P

### **SaO2:**

Date	Time	Value(%)	Air	Provider
06/23/2010	18:20 LEW	99	Room Air	Prince, B. EMT-P

### **Exam:**

#### **General**

##### **Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Dyspneic (no), Appears in Pain (no), Appears in Distress (no), Pale (no), Cyanotic (no), Diaphoretic (no)

##### **Affect**

Cooperative (no), Agitated (yes)

IM irritated and yelling at the Lt non-stop, in full sentences without difficulty.

#### **Pulmonary**

##### **Observation/Inspection**

Normal (yes), Respiratory Distress (no), Tachypnea (no), Obstructive Breathing (no)

##### **Auscultation**

Clear to Auscultation Bilaterally (yes)

#### **Cardiovascular**

##### **Observation**

Normal Rate (yes), Regular Rhythm (yes)

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 18:20		Facility: LEW

**Exam:****Peripheral Vascular****Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

**Legs**

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

**Genitourinary**

Urine noted on bed and clothes.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:****Other:**

Restraint check. IM offered food and water but declined.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	Prince, B.	No Evidence of Learning
06/23/2010	Counseling	Diet	Prince, B.	No Evidence of Learning

Coplay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 18:46

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Prince, B. EMT-P	Race:	BLACK
Encounter Date:	06/23/2010 18:20			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:29.**

# **Bureau of Prisons Health Services Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg#: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 16:15		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

## **SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Prince, B. EMT-P

**Chief Complaint:** No Complaint(s)

**Subjective:** IM in 4-point restraints. Offers no medical complaint.

**Pain Location:**

**Pain Scale:**

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

## **OBJECTIVE:**

### **Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	16:15 LEW	68	Radial	Regular	Prince, B. EMT-P

### **Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	16:15 LEW	16	Prince, B. EMT-P

### **Exam:**

#### **General**

##### **Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Appears in Pain (no), Appears in Distress (no)

##### **Affect**

Cooperative (no), Agitated (no)

#### **Pulmonary**

##### **Observation/Inspection**

Normal (yes)

#### **Cardiovascular**

##### **Observation**

Normal Rate (yes), Regular Rhythm (yes)

#### **Peripheral Vascular**

##### **Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

##### **Legs**

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

#### **Genitourinary**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 06/23/2010 16:15	Race: BLACK
Provider: Prince, B. EMT-P	Facility: LEW

**Exam:**

Large amount of urine noted on bed and IM clothing.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:****Other:**

IM offered cup of water. He declined. I advised him of the risk of dehydration. He still declined. I advised him if he did not take oral fluids, IV fluids may be necessary.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Plan of Care	Prince, B.	Attentive

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 17:03

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Prince, B. EMT-P	Race:	BLACK
Encounter Date:	06/23/2010 16:15			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:28.



**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 06/23/2010 13:50	Provider: George, Gregory EMT-P
	Race: BLACK
	Facility: LEW

Evaluation encounter performed at Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      Provider: George, Gregory EMT-P

**Chief Complaint:** No Complaint(s)

**Subjective:** 4 point restraint check

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	14:08 LEW	Refused			George, Gregory EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	14:08 LEW	16	George, Gregory EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), Alert and Oriented x 3 (yes)

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States fuck off" no complaints voiced 0/10 pain, appears well.

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	No Participation



Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: George, Gregory EMT-P	Race: BLACK
Encounter Date: 06/23/2010 13:50		Facility: LEW

**Copay Required:** No      **Cosign Required:** Yes  
**Telephone/Verbal Order:** No

Completed by George, Gregory EMT-P on 06/23/2010 14:11  
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.  
Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #	12585-007
Date of Birth:	05/16/1971	Provider:	George, Gregory EMIT-P	Race:	BLACK
Encounter Date:	06/23/2010 13:50			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:24.**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: George, Gregory EMT-P	Race: BLACK
Encounter Date: 06/23/2010 12:06		Facility: LEW

Evaluation encounter performed at Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** George, Gregory EMT-P

**Chief Complaint:** No Complaint(s)

**Subjective:** 4 point restraint check 1200

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	12:00	LEW	Refused		George, Gregory EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	12:00	LEW	18 George, Gregory EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), Alert and Oriented x 3 (yes)

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States Fuck you do not come in here no complaints voiced 0/10 pain, appears well.

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	Verbalizes Understanding

Inmate Name: HILL, DAVID	Reg #: 12585-007	
Date of Birth: 05/16/1971	Sex: M	Race: BLACK
Encounter Date: 06/23/2010 12:06	Provider: George, Gregory EMT-P	Facility: LEW

**Copy Required:**No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by George, Gregory EMT-P on 06/23/2010 12:10

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/23/2010 12:06	Provider:	George, Gregory EMT-P
		Race:	BLACK
		Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:20.**

# **Bureau of Prisons Health Services Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M Race: BLACK
Encounter Date: 06/23/2010 06:10	Provider: George, Gregory EMT-P Facility: LEW

Evaluation encounter performed at Housing Unit.

## **SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** George, Gregory EMT-P

**Chief Complaint:** No Complaint(s)

**Subjective:** 4 point restraint check 0600

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

## **OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	09:16 LEW	74	Radial	Regular	George, Gregory EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	09:16 LEW	16	George, Gregory EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

**Skin**

**General**

Dry (yes), Warmth (yes)

**Pulmonary**

**Observation/Inspection**

Normal (yes)

**Cardiovascular**

**Observation**

Normal Rate (yes), Regular Rhythm (yes)

**Peripheral Vascular**

**Arms**

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

**Legs**

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

## **ASSESSMENT:**



Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Race: BLACK
Encounter Date: 06/23/2010 06:10	Facility: LEW
Sex: M	Provider: George, Gregory EMT-P

No Significant Findings/No Apparent Distress

Restraint check preformed, no complaints offered 0/10 pain, Strong pulses bilateral. Cap refill less the 2 seconds

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	No Participation

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by George, Gregory EMT-P on 06/23/2010 09:19

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.



**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	George, Gregory EMT-P	Race:	BLACK
Encounter Date:	06/23/2010 06:10			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 00:01		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Potter, L. EMT-P

**Chief Complaint:** Other Problem.

**Subjective:** 4 point restraints

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	00:01 LEW	64	Radial	Regular	Potter, L. EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	00:01 LEW	14	Potter, L. EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

**Affect**

Irritable (yes)

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem..

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:**

**Other:**

Restraint checks

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 06/23/2010 00:34 by Potter, L. EMT-P		Bureau of Prisons - LEW		Page 1 of 2

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 00:01		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Not Done		Potter, L.	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/23/2010 00:34

Requested to be cosigned by: Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Potter, L EMT-P	Race:	BLACK
Encounter Date:	06/23/2010 00:01			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 20:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      Provider: Potter, L. EMT-P

**Chief Complaint:** Other Problem

**Subjective:** 4 point restraints

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	20:00 LEW	74	Radial	Regular	Potter, L. EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	20:00 LEW	14	Potter, L. EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

**Affect**

Irritable (yes)

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem.. Ate evening meal with 8oz H2O @ 1800.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:**

**Other:**

Restraint checks

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 06/22/2010 20:41 by Potter, L. EMT-P		Bureau of Prisons - LEW		Page 1 of 2

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 20:00		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Counseling	Safety/Injury Prevention	Potter, L.	Needs Reinforcement
The need to drink H2O.				

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 20:41

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Potter, L EMT-P	Race:	BLACK
Encounter Date:	06/22/2010 20:00			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:07.**



**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 17:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Potter, L. EMT-P

**Chief Complaint:** Other Problem

**Subjective:** 4 Point restraints

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	17:00 LEW	76	Radial	Regular	Potter, L. EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	17:00 LEW	14	Potter, L. EMT-P

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

**Affect**

Agitated (yes)

No obvious signs of trauma or dehydration noted. Good CAP refill in all Extrem.. Verbalized no medical complaints. I/M refused H2O when offered.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:**

**Other:**

Restraint checks

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 06/22/2010 19:24 by	Potter, L. EMT-P	Bureau of Prisons - LEW		Page 1 of 2

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 17:00		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Counseling	Safety/Injury Prevention	Potter, L.	No Evidence of Learning

The need to drink H2O.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 19:24

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg. #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/22/2010 17:00	Provider:	Potter, L. EMT-P
		Race:	BLACK
		Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:06.**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Walls, Bryan EMT-P

**Chief Complaint:** Other Problem

**Subjective:** I/M was the subject of a Calculated Use of Force. On arrival of the team, he submitted to restraints and was removed from the cell. He was taken to the shower area, stripped, and visually searched. He was then re-dressed and ambulatory restraints were applied. I/M was escorted to Z-024 where he was placed supine in 4-pt restraints. Circulation and motor function were checked and found to be intact distal to the restraints after application. I/M offered no medical complaints and did not sustain any injuries during this Calculated Use of Force.

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	14:45 LEW	84	Radial	Regular	Walls, Bryan EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	14:45 LEW	16	Walls, Bryan EMT-P

**Exam:**

**General**

I/M supine, AA&O; NAD; airway patent w/ adequate resps; skin normal color, warm, dry; MAE w/ purpose & coordination, Cap refill in finger tips <3 sec; (+) radial pulses; (+) dorsalis pedis pulses x2; No obvious injuries noted.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:**

**Other:**

Initiate restraint checks

**Patient Education Topics:**

Inmate Name: HILL, DAVID	Reg #: 12585-007	
Date of Birth: 05/16/1971	Sex: M	Race: BLACK
Encounter Date: 06/22/2010 14:45	Provider: Walls, Bryan EMT-P	Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Not Done		Walls, Bryan	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Walls, Bryan EMT-P on 06/22/2010 16:11

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Walls, Bryan EMT-P	Race:	BLACK
Encounter Date:	06/22/2010 14:45			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:04.**

## **Attachment J**



**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Alama, F. MLP	Race:	BLACK
Note Date:	09/16/2010 09:00			Facility:	LEW

Admin Note encounter performed at Special Housing Unit.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Alama, F. MLP

Inmate handed a empty canister for refill of Albuterol Inhaler. Submitted to Pharmacy for renewal. There was 2 refills left on the label. Notified Chief Pharmacist.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Alama, F. MLP on 09/16/2010 14:18

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Alama, F. MLP	Race:	BLACK
Encounter Date:	09/16/2010 09:00			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/16/2010 14:28.

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/IDC	Race:	BLACK
Note Date:	09/09/2010 09:56			Facility:	LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit:

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**

**Provider:** DeLeon, Dan RN/IDC

Calculated use of force assembled for administration of involuntary TST. Inmate has no contraindications for the TST and has been administered the TST in the three previous years in BEMR. Conflict avoidance was successful and inmate did submit to hand restraints. Inmate was escorted to the range by custody and a TST was administered in the left forearm without incident.

**Copay Required:**No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by DeLeon, Dan RN/IDC on 09/09/2010 10:01

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Alama, F. MLP.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg#:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/DC	Race:	BLACK
Encounter Date:	09/09/2010 09:56			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 09/09/2010 13:42.**

**Reviewed by Alama, F. MLP on 09/13/2010 10:29.**

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/IDC	Race:	BLACK
Note Date:	09/09/2010 08:43			Facility:	LEW

Admin Note encounter performed at Special Housing Unit.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**

**Provider:** DeLeon, Dan RN/IDC

Refused TST for the second time. Approached with LT Hepner. No contraindications exist for the TST. Has taken the TST in last three years

**Copay Required:**No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by DeLeon, Dan RN/IDC on 09/09/2010 08:45

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Alama, F. MLP.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/DC	Race:	BLACK
Encounter Date:	09/09/2010 08:43			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 09/09/2010 09:48.**

**Reviewed by Alama, F. MLP on 09/13/2010 10:29.**



**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/IDC	Race:	BLACK
Note Date:	09/01/2010 08:08			Facility:	LEW

Follow-up encounter performed at Special Housing Unit.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** DeLeon, Dan RN/IDC

Stopped during sick call/pill line. C/O of neck and back pain: "The team was rough on me yesterday."  
Observed in cell, gets down from upper bunk without difficulty, ambulates to cell without difficulty and leans head toward edge of door to communicate without difficulty. No open areas noted, no swelling of hands noted, FROM bilat hands and wrists.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by DeLeon, Dan RN/IDC on 09/01/2010 08:11

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Alama, F. MLP.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	DeLeon, Dan RN/IDC	Race:	BLACK
Encounter Date:	09/01/2010 08:08			Facility:	LEW

**Cosigned by Pigos, Kevin MD/Clinical Director on 09/02/2010 10:15.**

**Reviewed by Alama, F. MLP on 01/31/2011 10:07.**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C	Race: BLACK
Encounter Date: 08/31/2010 12:17		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**INJURY 1**      **Provider:** Hemphill, J. PA-C

**Date of Injury:** 08/31/2010 10:20      **Date Reported for Treatment:** 08/31/2010 10:20

**Work Related:** No      **Work Assignment:** UNASSG

**Where Did Injury Happen (Be specific as to location):**

D Block, 1st floor shower

**Cause of Injury (Inmate's Statement of how injury occurred):**

no injuries observed

**Symptoms (as reported by inmate):**

no injuries reported.

**OBJECTIVE:**

**Exam:**

**General**

**Appearance/Nutrition**

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

**Affect**

Flat (yes)

**Peripheral Vascular**

upper and lower extremity circulation intact.

**ASSESSMENT:**

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Other medical exam for administrative purposes	V70.3	Current	06/22/2010	Recurrence	Temporary/Acute

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/31/2010	Not Done		Hemphill, J.	No Participation